

Name
in
Full

Robert M Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND	
Date of death 190	Month <u>Dec</u>	Day <u>23</u>	Age Years	Months <u>8</u>	Days
Sex <u>male</u>	Color or Race <u>negro</u>		Birth- place <u>CENTREVILLE</u>		
Married, Single or Widowed <u>single</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>Chas L B Bond</u>			Father's Birthplace		
Mother's Maiden Name <u>Sarah Eliza Goy's</u>			Mother's Birthplace <u>8</u>		
Name of person giving In formation <u>Chas L Bond</u>			How related to deceased <u>8</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping cough</u>	How long
Immediate <u>- bad cold -</u>	How long
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>No Doctor</u> <u>Information given by</u> <u>Jos L Dawson</u>
Accident or Suicida?	



Name
in
Full

- Not named -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Centerville</i>		^{County} <i>Queen Anne</i>		MARYLAND	
Date of death 190	Month <i>See</i>	Day <i>22</i>	Age	Months <i>3</i>	Days
Sex <i>female</i>	Color or Race <i>Negro</i>		Birth-place <i>Centerville</i>		
Married, Single or Widowed	<i>Single</i>		Occupation		
Name of Wife or Husband			<i>Miller Collier</i>		
Father's Name			<i>Not known</i>		
Mother's Maiden Name			<i>Miller Collier</i>		
Name of person giving information			<i>Wm Hollis</i>		
			Father's Birthplace		
			Mother's Birthplace		
			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sick from birth</i>	<i>151</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>- No Doctor</i>	
Address		<i>Information given by</i> <i>Joe L. Dawson</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Charles L. Cooper

Town

County

Died at

Pond town

Z. A. Co.

MARYLAND

Date 1902,

Month

Day

Dec 18th

Age

55.0. 9

M.

D.

Native of

Occupation

Maryland Farm Laborer

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

James Cooper

Mother's

Name

Marion Cooper

Cause of

Primary

Acute Tuberculosis

How long sick

3 mos

Death

Immediate

Suffocation

Accident, Suicide, Homicide

Reported by

Address

W. S. Medow
 Church Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65906

Name
in
Full

Kate E Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

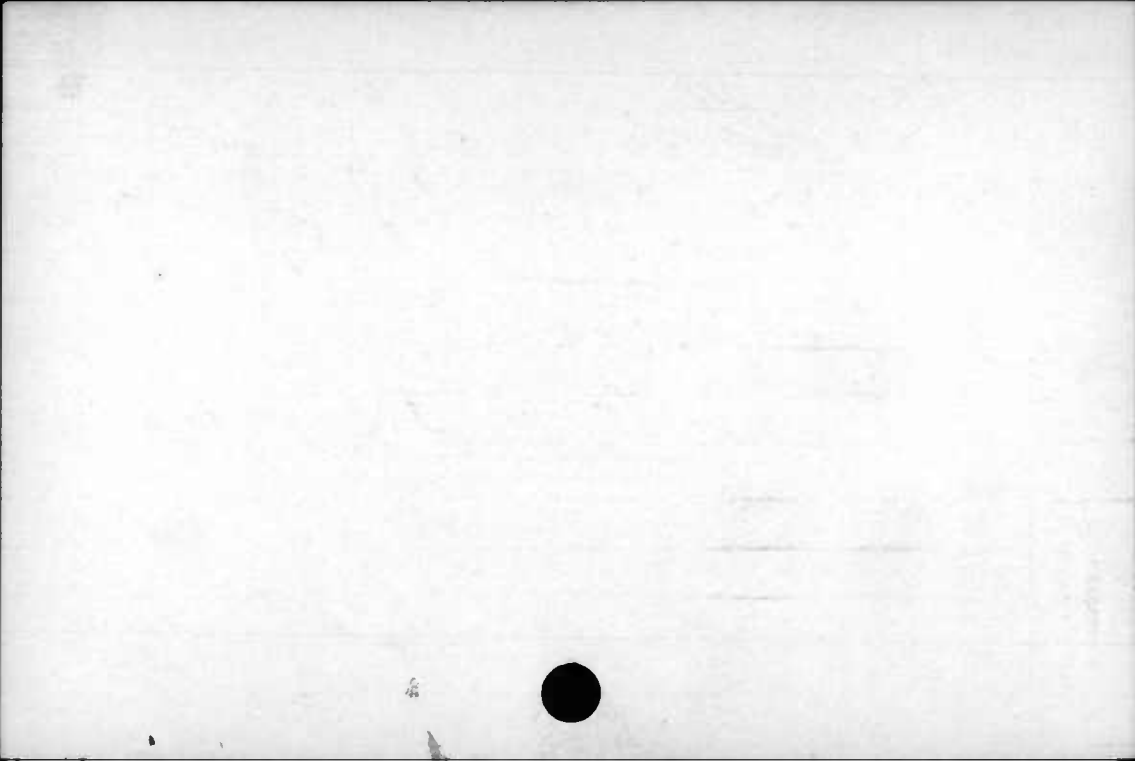
Died at <i>Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>25</i>	Age <i>54</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Anglo Saxon</i>	Birth- place <i>MD</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Lady</i>					
Name of Wife or Husband							
Father's Name <i>Thos Davis</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Catherine E McLaughlin</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Joseph O'Connell</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Cancer of Breast</i>	How long <i>18 months</i>
Immediate <i>Emaciation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James M. Smith</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

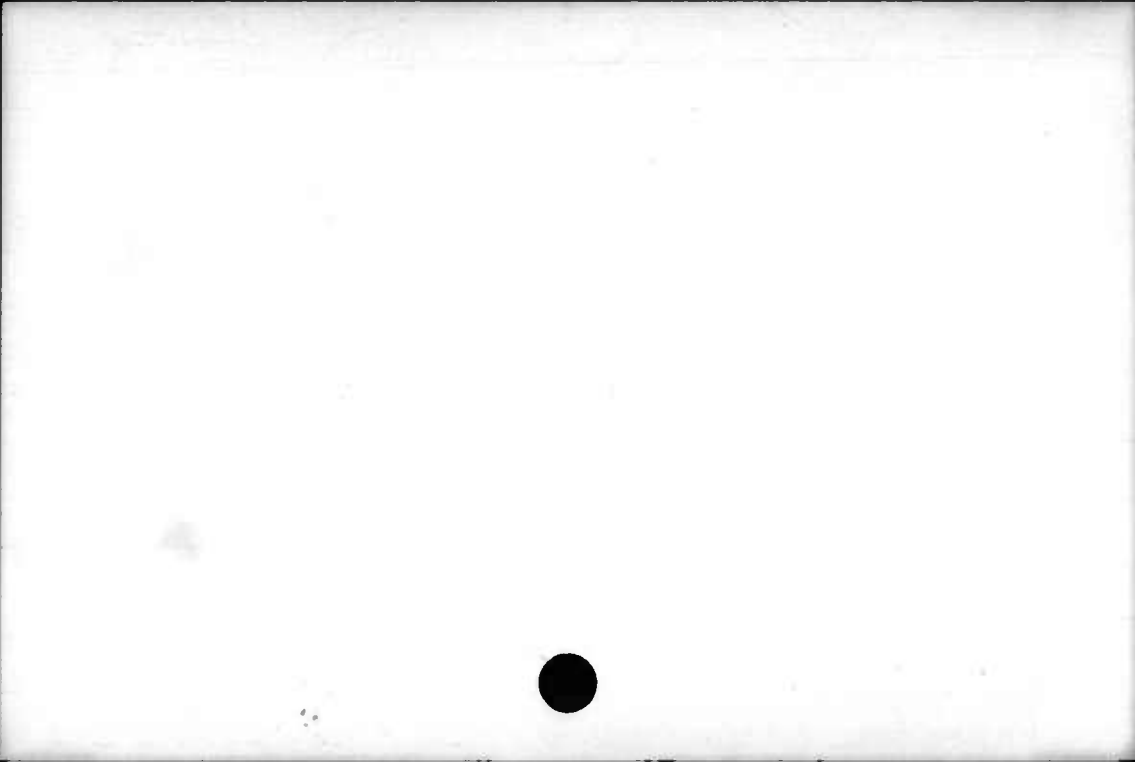
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>22</i>	Age	Years	Months <i>4 1/2</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Centerville</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>Nursing</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Nelson Doones</i>			Father's Birthplace <i>Centerville</i>		
Mother's Maiden Name <i>Rebecca Keelson 93</i>			Mother's Birthplace <i>Centerville</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia I think as it was dying when I saw it</i>	How long	<i>4 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Krae Selt</i>	
		Address <i>Centerville, Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Elliott</i>		Town <i>Near R.E.</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 190 <i>7</i>		Month <i>12</i>	Day <i>28</i>	Age <i>59</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>England</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Labiner</i>				
Name of Wife or Husband <i>_____</i>							
Father's Name <i>James Elliott</i>					Father's Birthplace		
Mother's Maiden Name <i>Annie Sperry</i>					Mother's Birthplace		
Name of person giving information <i>Albert C. Elliott</i>					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>bestitis</i>	How long <i>about a week after I saw him</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Graham M. D.</i>
	Address <i>Inglewood Rd</i>
Accident or Suicide?	

On H J Everett Farm

Name in Full

Certificate of Death

Not Named *Quincy Lane*
 Died at *near Millington* ^{Town} *Kent Co* ^{County} MARYLAND
 Date 19 *02* ^{Month} *12* ^{Day} *12* Age *9* ^{Y.} ^{M.} ^{D.} Native of *md* Occupation *md*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of

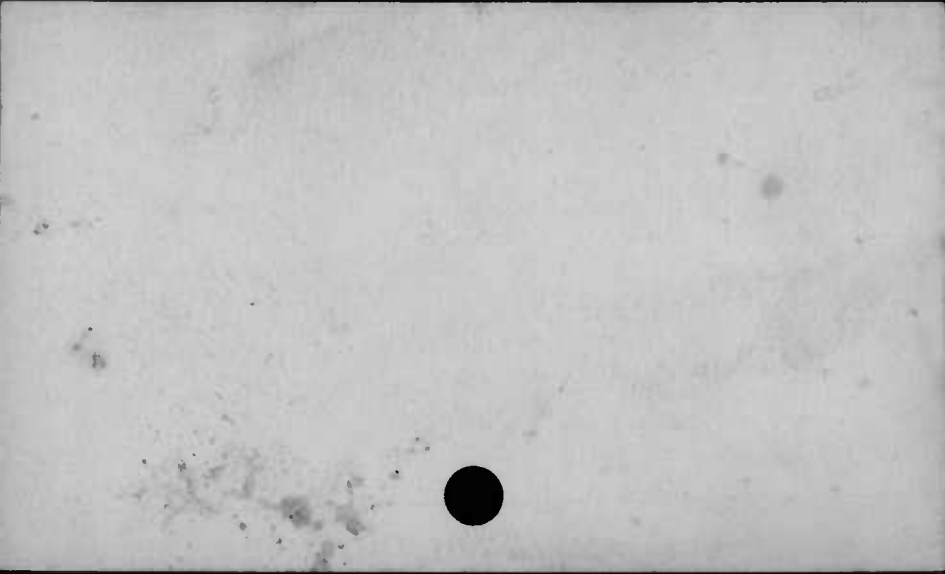
Wife

Father's Name *Walter Everett* Mother's Maiden Name *Sallie Hollett*

Cause of Death { Primary *Convulsions* Immediate *Convulsions* How long sick *"* Accident, Suicide, Homicide

Reported by *Dr Wm Jacobs*
 Address *Millington Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Barrett Green

Town

County

Died at

MARYLAND

Bentville Queen Anne's

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

12

19

Age

56

Md

Clerk

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Elyah Green

Mother's

Name

Mary Green

Cause of

Primary

Pyelitis

How long sick

20 yrs

Death

Immediate

Septicemia

121

Accident, Suicide, Homicide

Reported by

J. M. Drake MD.
Bentville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queenstown</i>		County <i>Queen's</i>		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>20</i>	Age <i>52</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Oysterman</i>			
Name of Wife or Husband					
Father's Name <i>Don't know</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>John J. Fahay</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>104</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas Corkey</i>
	Address <i>Queen's</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

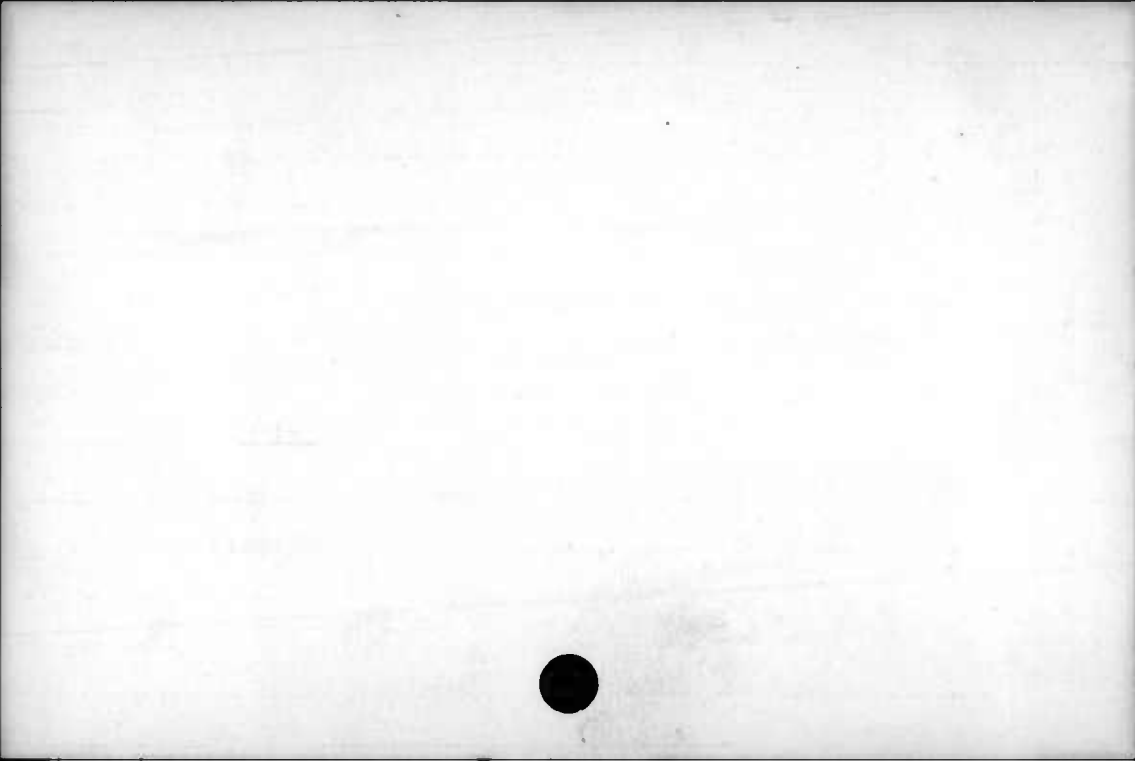
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Greenboro</u>		County <u>Woburn</u>		MARYLAND	
Date of death 190	2	Month	12	Day	25	Age	Years
Sex		male		Color or Race		white American	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				George Higdon			
Mother's Maiden Name				Lezdiea Wrighton			
Name of person giving information				Father			
Father's Birthplace				Baltimore			
Mother's Birthplace				Baltimore			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Howard R. Hopkins	
Address		Greenboro, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

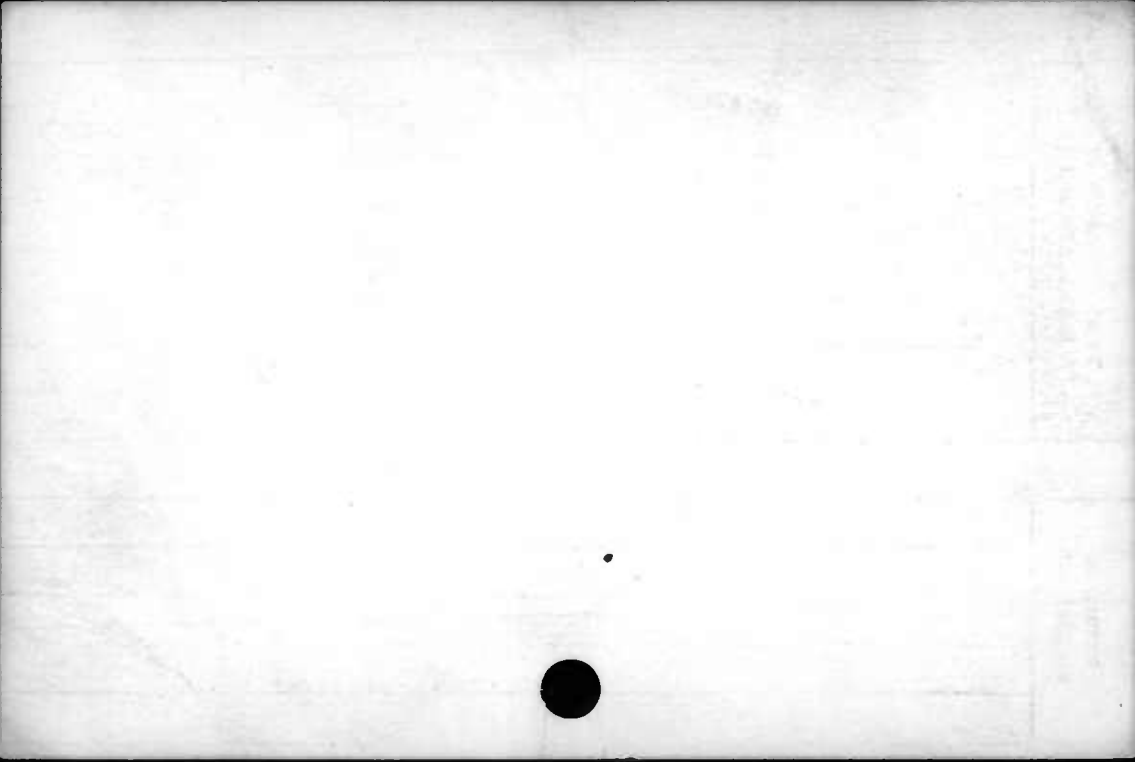
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i>		Town <i>Church Hill</i>		County <i>Greenbrier</i>		MARYLAND	
Date of death 190 <i>1</i>		Month <i>Dec</i>	Day <i>10</i>	Age <i>67</i>	Years <i>1</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Near Charleston</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>House Keeper</i>					
Name of Wife or Husband <i>Bertie Mathers</i>							
Father's Name <i>Joseph Frisby</i>		Father's Birthplace					
Mother's Maiden Name <i>Augusta Bowser</i>		Mother's Birthplace					
Name of person giving information <i>Mary Green</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>54 hrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. S. Dudley M.D.</i>
	Address <i>Church Hill, Maryland</i>
Accident or Suicide?	



Name
in
Full

Sarah M Milbourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Crumpton</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>9</i>	Age <i>64</i>	Years	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Delaware</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Nathan J Milbourn</i>							
Father's Name <i>William Seat</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Matilda Jones</i>				Mother's Birthplace <i>Delaware</i>			
Name of person giving In formation <i>Nathan J Milbourn</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abcess of lungs</i>		How long <i>15 years ago</i>	<i>properly never treated</i>
Immediate	<i>Consumption Pulmonary</i>		How long <i>15 years</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. N. Sheppard</i>	
			Address <i>Crumpton Md.</i>	
Accident or Suicide? <i>1</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 1902	Month <i>12</i>	Day <i>23</i>	Age	Years <i>6</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>Anglo Saxon</i>		Birth- place <i>Centerville</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>none</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Roland Morris</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Adie Warner</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Roland Morris</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Erysipelas</i>	<i>18</i>	How long	<i>2 weeks</i>
Immediate	<i>Septic meningitis</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Dr. M. R. Hall M.D.</i>	
			Address <i>Centerville</i>	
Accident or Suicide?		<i>no</i>	<i>md</i>	



Name
in
Full

Adolphus Redman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barclay		County P. A.		MARYLAND	
Date of death 190	2	Month 12	Day 12	Age 62	Years	Months 8	Days 12
Sex	Male		Color or Race	White		Birth- place	
Married, Single or Widowed	Married			Occupation	Blacksmith		
Name of Wife or Husband	Annie M. Redman						
Father's Name						Father's Birthplace	
Mother's Maiden Name	Alice Morris					Mother's Birthplace	Doughter
Name of person giving information	W					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

cerebral Apoplexy 9 hours

Castleman, J. D.

Ingheside

L. A. Co. Md.



Name in Full

Certificate of Death

Infant

Town

County

Died at

MARYLAND

Date 1902 Dec 29 | Month Dec Day 29 | Y. 36 M. hours D. Ind. | Native of Ind. | Occupation Ind.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

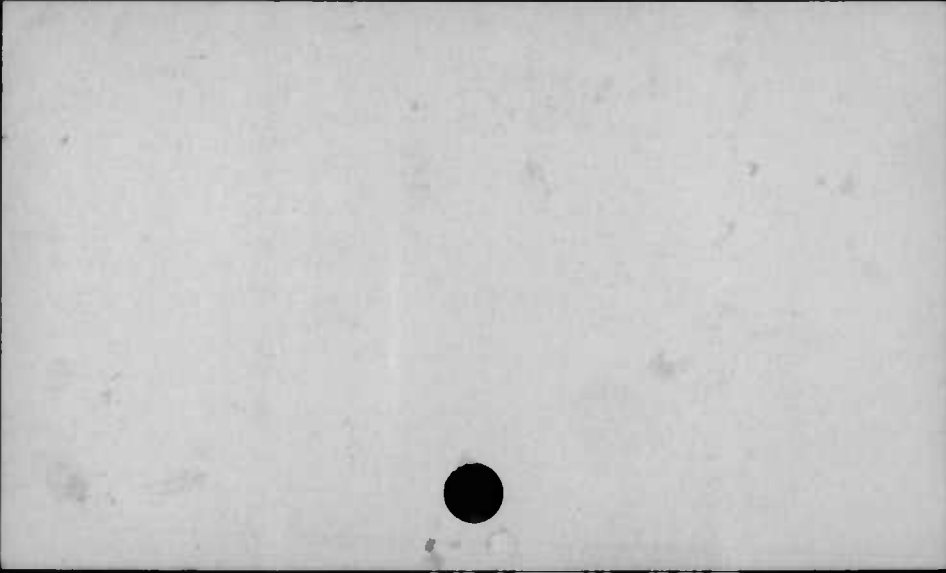
Husband
of
Wife

Father's Name Hubert G. Kolph | Mother's Maiden Name Radie. Guffen

Cause of Death { Primary Emphysema. | How long sick 6 hours.
 Immediate 98 | Accident, Suicide, Homicide

Reported by Dr. H. F. Miller
 Address Hellsboro Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lilly Simpson

Town

County

Died at Near Queen Anne's Queen Anne's MARYLAND

Date 1902 Dec 10 Month Day Y. M. D. Native of Md Occupation House wife

Male White Married ~~Widow~~ Divorced

Female Colored Single Widower Number of children living two

Husband of Wm H. Simpson

Wife

Father's Name Wm H. Harris Mother's Maiden Name Lida Hardy

Cause of Death { Primary Hemialgia of heart How long sick 8 hours

Immediate Heart Failure Accident, Suicide, Homicide

Reported by Walter H. Hardy

Address Ruthtown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rebecca F. Turner

Died at Antiochville R. H. Mes

MARYLAND

Date 1902 Dec 9 Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living Four

Husband of Wm Turner.
 Wife

Father's Name Mother's Name 154

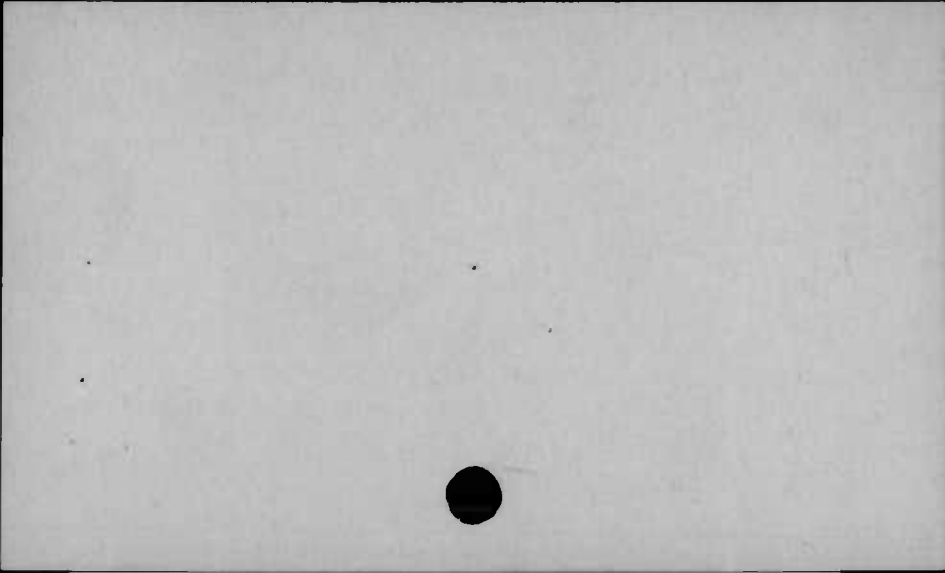
Cause of Death { Primary Old age Sudden
 Immediate Blood Clot in Ventricles
 How long sick
 Accident, Suicide, Homicide

Reported by W. D. Long M.D.

Address Antiochville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGEN



Name
in
Full

Frances Rebecca Turner

CERTIFICATE OF DEATH

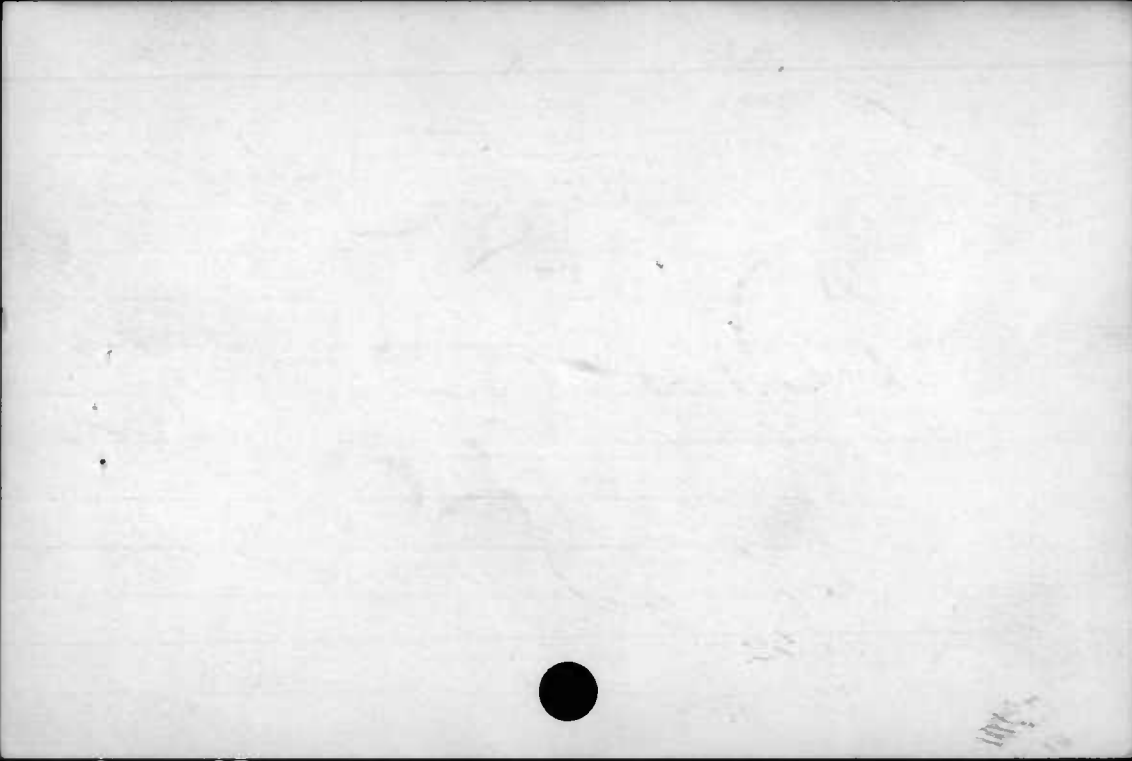
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		12	9	75		1	
Sex	Female	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Widow			Occupation	None		
Name of Wife or Husband	Wm. Turner						
Father's Name	Ruben F. Knatts				Father's Birthplace	Md.	
Mother's Maiden Name	Sarah Tippin				Mother's Birthplace	"	
Name of person giving information	Ray Turner				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	Two wks
Immediate	Apoplexy	How long	Unrecorded
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. D. Todd
		Address	Curtisville
Accident or Suicide?			



Name
in
Full

Adeline Longth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alus House</i>		Town		County		2. A. C.		MARYLAND	
Date of death 1902	Month <i>December</i>	Day <i>12</i>	Years <i>73</i>	Age		Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>Wegro</i>		Birth- place <i>2-A.C.</i>						
Married, Single or Widowed <i>—</i>			Occupation <i>Sevent</i>						
Name of Wife or Husband <i>— Lene Longth</i>									
Father's Name <i>—</i>				Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>					
Name of person giving Information <i>120</i>				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease of Kidneys</i>	How long <i>One Year</i>
Immediate	<i>Snapping</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. A. Jackson M.D.</i>
		Address <i>Centerville Md.</i>
Accident or Suicide?		



Name in Full <i>Sarah J. Gates</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Barclay</i> <small>Town</small>		<i>L.A.</i> <small>County</small>
	Date of death 190 <i>2</i>		<i>12</i> <small>Month</small> <i>22</i> <small>Day</small> <i>79</i> <small>Years</small>
	Sex <i>Female</i>		Color or Race <i>White</i>
	Married, Single or Widowed <i>Widow</i>		Birth-place <i>Maryland</i>
	Occupation <i>Lady</i>		
	Name of Wife or Husband		
	Father's Name		Father's Birthplace
Mother's Maiden Name <i>Lida Abraham</i>		Mother's Birthplace	
Name of person giving Information <i>Lida Abraham</i>		How related to deceased <i>Grand daughter</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Old age</i>		How long <i>one year</i>
	Immediate <i>Ulcer of stomach</i>		How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Abraham M. D.</i>
			Address <i>Ingleside Rd.</i>
	Accident or Suicide?		

Lutescent County.